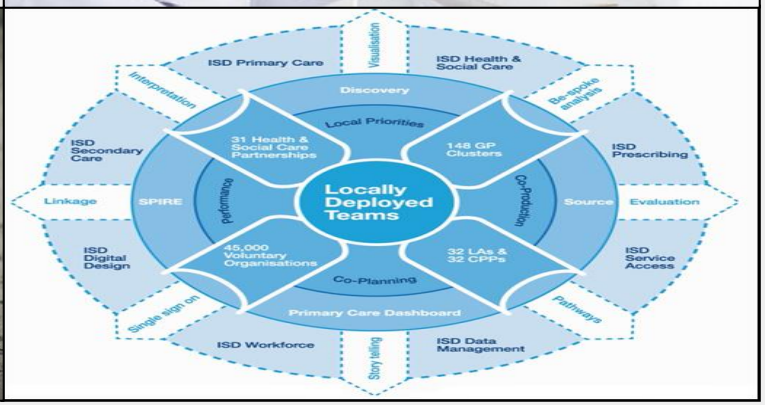
Children Experiencing Homelessness: Health Needs and Service Engagement

NHS National Services Scotland



Andrew Murray

Senior Information Analyst, Local Intelligence Support Team

National Services Scotland

18/03/19

www.datafest.global

DATA FEST

Outline

- Overview of ISD
- Background to LIST team
- Homelessness and Health Project: Background
- Children and Homelessness Health Needs Assessment
- Multi-Source Analysis - Data Linkage & Information Governance
- Project Outputs – Key Findings & Outcomes
- Next Steps

Information Services Division

ISD, part of NHS National Services Scotland provides health information, health intelligence, statistical services and advice that supports quality improvement in health and care, and facilitates robust planning and decision making.

Our Customers

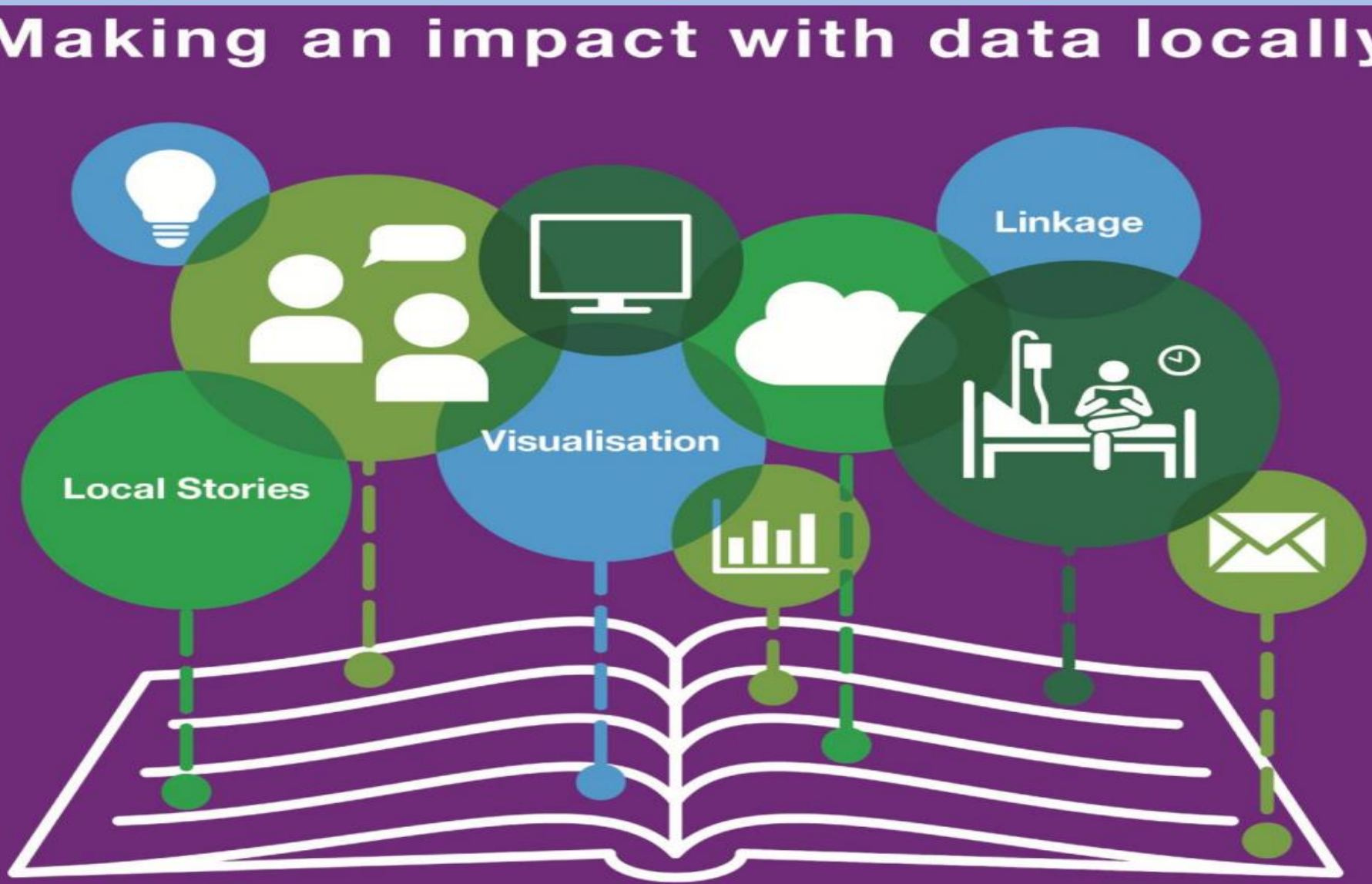
ISD works in partnership with a wide range of organisations - NHS Boards, hospitals, General Practitioners, Community Health Partnerships, local authorities, voluntary organisations, and many other care and service providers

Our Website

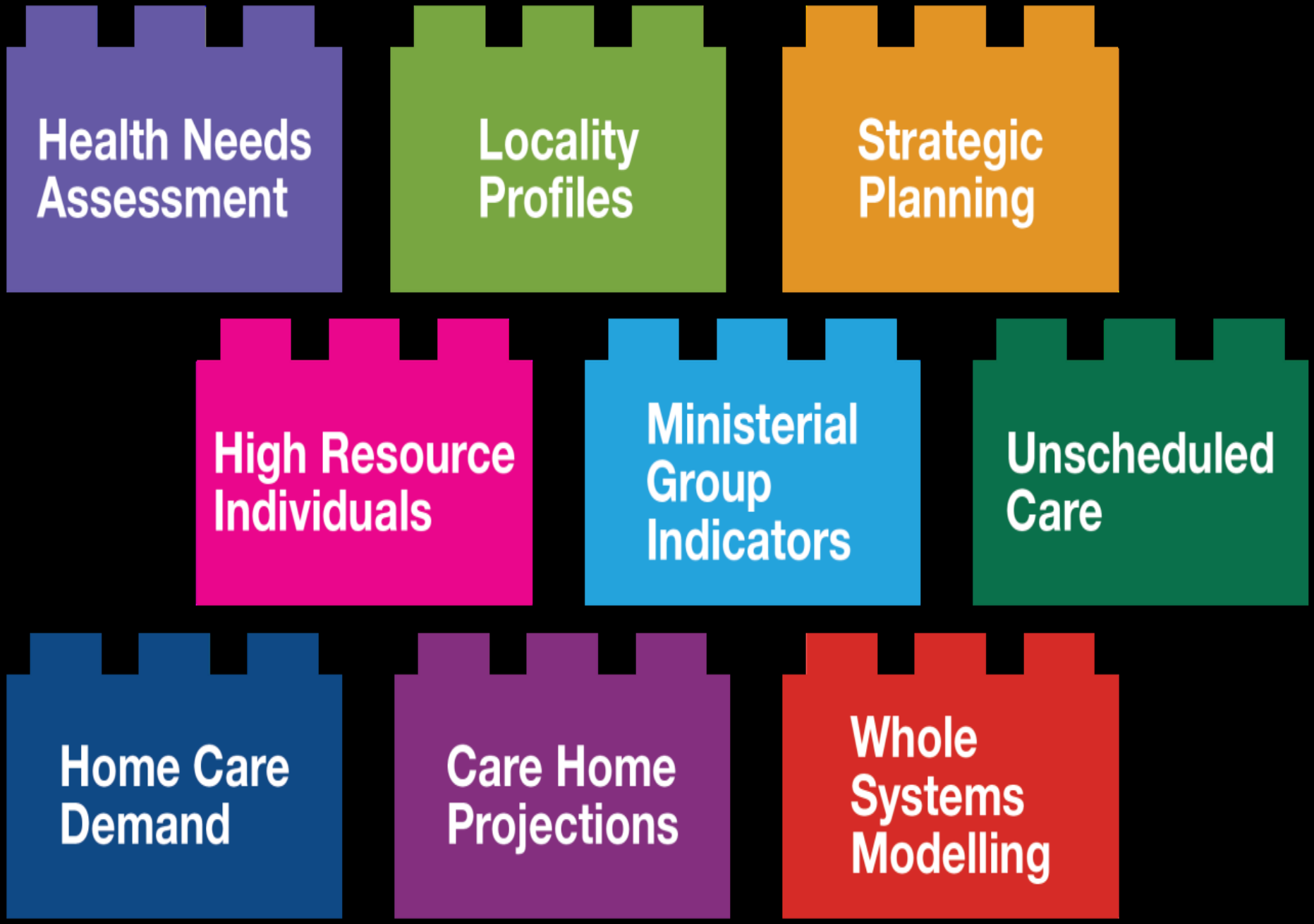
https://www.isdscotland.org

Local Intelligence Support Team (LIST)

NHS National Services Scotland

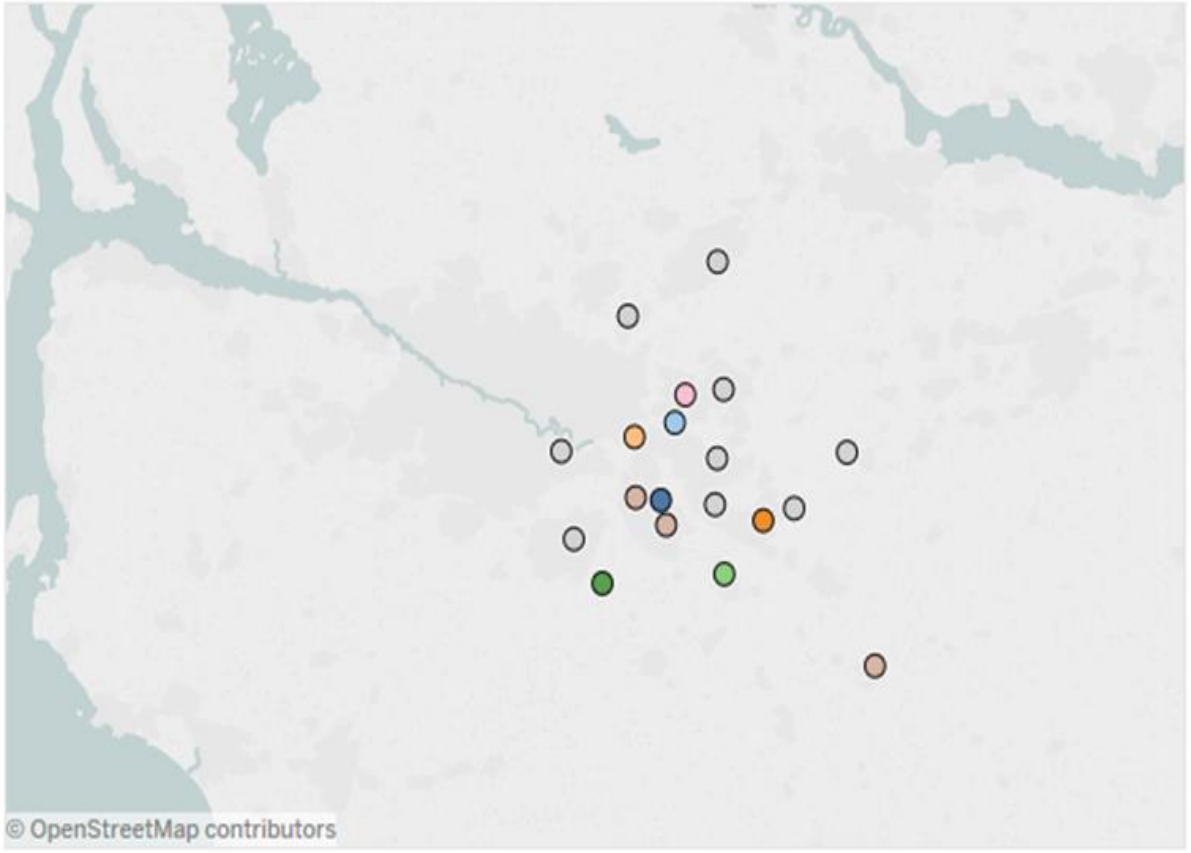


ISD Primary Care
Visualisation
ISD Health & Social Care
Interpretation
Discovery
Be-spoke analysis
Local Priorities
ISD Secondary Care
31 Health & Social Care Partnerships
148 GP Clusters
ISD Prescribing
Linkage
SPIRE
Performance
Locally Deployed Teams
Co-Production
Source
Evaluation
ISD Digital Design
45,000 Voluntary Organisations
32 LAs & 32 CPPs
ISD Service Access
Co-Planning
Single sign on
Primary Care Dashboard
Pathways
ISD Workforce
Story telling
ISD Data Management


Health Needs Assessment
Locality Profiles
Strategic Planning
High Resource Individuals
Ministerial Group Indicators
Unscheduled Care
Home Care Demand
Care Home Projections
Whole Systems Modelling

Local Intelligence Suport - GP Cluster Working Themes

This display shows the themes Local Intelligence Support have been working on with GP clusters between April and July 2018.



Health and Social Care Partnership

(Multiple values)

Theme (click to select)

- Care Homes
- Demand Capacity Activity and Qu..
- Local profiles
- No themes currently identified
- Other
- Practice Activity
- Prescribing
- Referrals
- SMRs

Theme	HSCP	
Care Homes	North Lanarkshire H..	Bothwell, Uddings..
	South Lanarkshire H..	Bothwell, Uddings..
Demand Capacity Activity a..	South Lanarkshire H..	Larkhall/Stonehou..
Local profiles	North Lanarkshire H..	Coatbridge
No themes currently identified	North Lanarkshire HSCP	Airdrie
		Bellshill
		Cumbernauld Cen..
		Cumbernauld Nort..

Available through [this link]

Homelessness & Health Project - Background

- Homeless people are a key vulnerable group and experience health inequalities with higher morbidity and mortality than the rest of the population.

- Tackling and preventing homelessness will contribute to reducing health inequalities within society.

- Key to this is understanding the health needs and service engagement of people experiencing homelessness.

Homelessness & Health Project – Adult Population Work

- Rapid Health Needs Assessment of homeless applicants (adults) carried out in 2015/16.
- 1,957 HL1 applicants in North Lanarkshire analysed
- Linked to 10+ different health related data sources held by ISD

A total of **1,957** people made a homeless application to this one partnership in 2014/15.

5x

The **HL1 cohort** was **five times more** likely to have attended A&E three times or more in the preceding year, compared to the **wider partnership population**.

10x

The rate of psychiatric admissions was **tenfold higher** for the **HL1 cohort** when compared to the **wider partnership population**.

3x

The percentage of new outpatient appointments not attended was **three times higher** for the **HL1 cohort**, compared to the **wider partnership population**.

3x

The rate of prescribed drugs under the anti-depressants group was **three times higher** in the **HL1 cohort** compared to the **wider partnership population**.

Outcomes and Recommendations

1. A coordinated early intervention approach to address the needs of those at risks of, or experiencing homelessness in order to mitigate negative impact on health and wellbeing.

2. Clients at risk of or experiencing homelessness who have complex needs are supported through a multi agency person centred recovery focused approach

3. Children and young people at risk of or experiencing homelessness have their needs met

4. Pregnant women at risk of, or experiencing homelessness are able to access services which support their needs

5. Demonstrate evidence of improvement over time against agreed outcomes through a performance management framework

3. **Children and young people at risk of or experiencing homelessness have their needs met**

Health Needs Assessment of Children Experiencing Homelessness

NHS National Services Scotland

Health Needs Assessment of Children Experiencing Homelessness

NHS National Services Scotland

Stakeholders:

- North Lanarkshire Health & Social Care partnership
- North Lanarkshire Council
- NHS Lanarkshire
- NHS Information Services Division

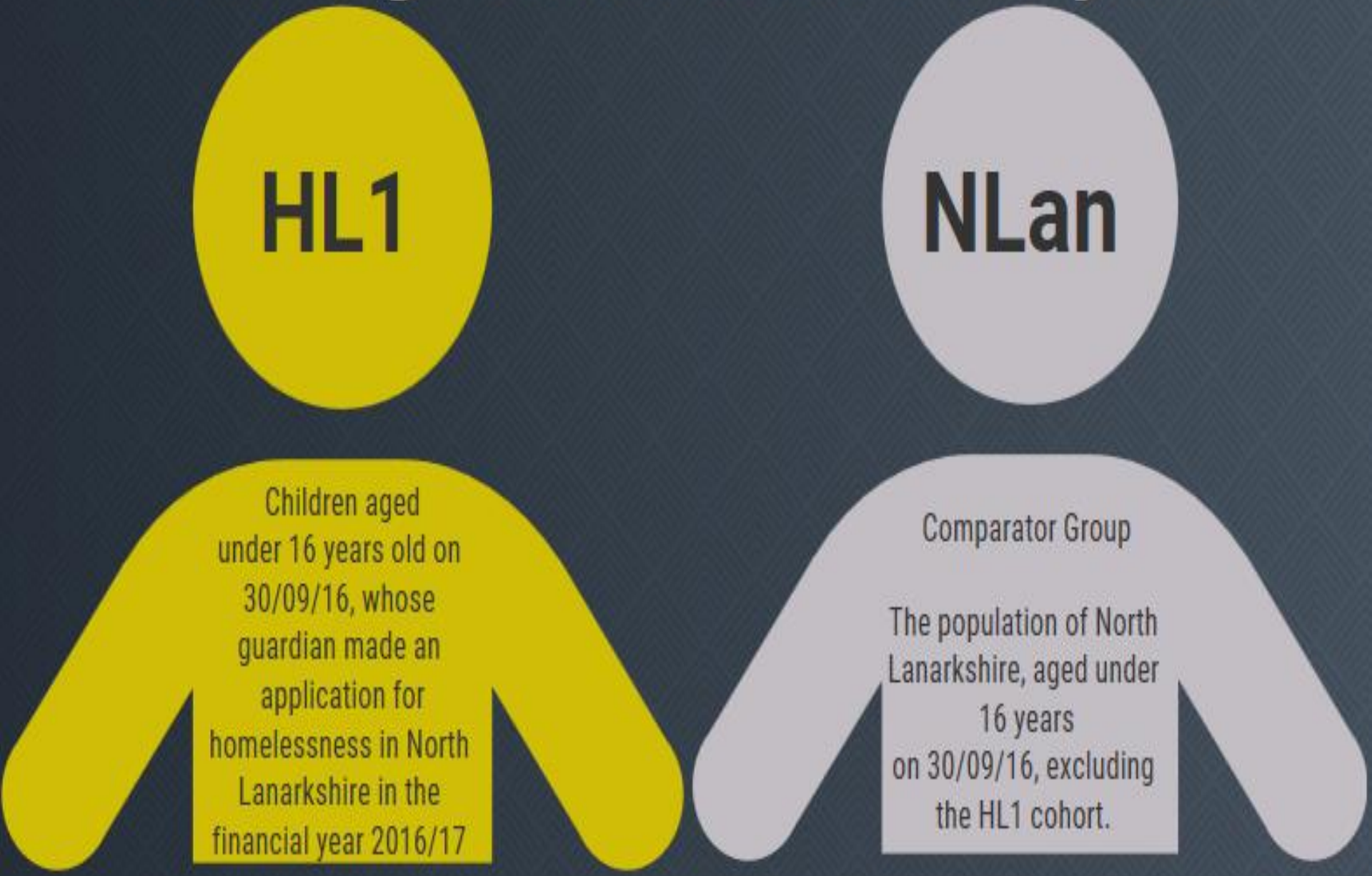
Project Overview:

Aims: Identify areas where health service usage by children whose guardian has made an application for homelessness differs from the rest of the child population

Objectives: Compare study population with rest of North Lanarkshire population with regards to their data within key Health Service data sources

Methods: Linking CHI seeded, individual level data identifying children (aged 15 and under) whose guardian has made an application for homelessness in 2016/17 with relevant datasets/data marts/databases

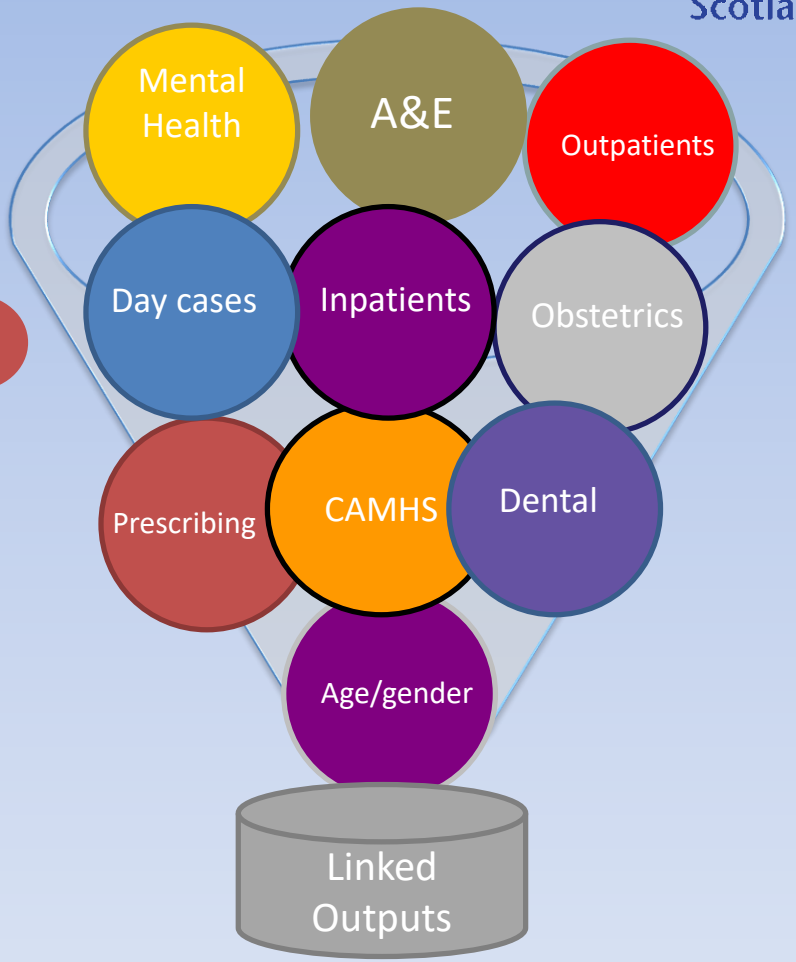
Defining Cohorts for Analysis


HL1
NLan
Children aged under 16 years old on 30/09/16, whose guardian made an application for homelessness in North Lanarkshire in the financial year 2016/17
Comparator Group
The population of North Lanarkshire, aged under 16 years on 30/09/16, excluding the HL1 cohort.

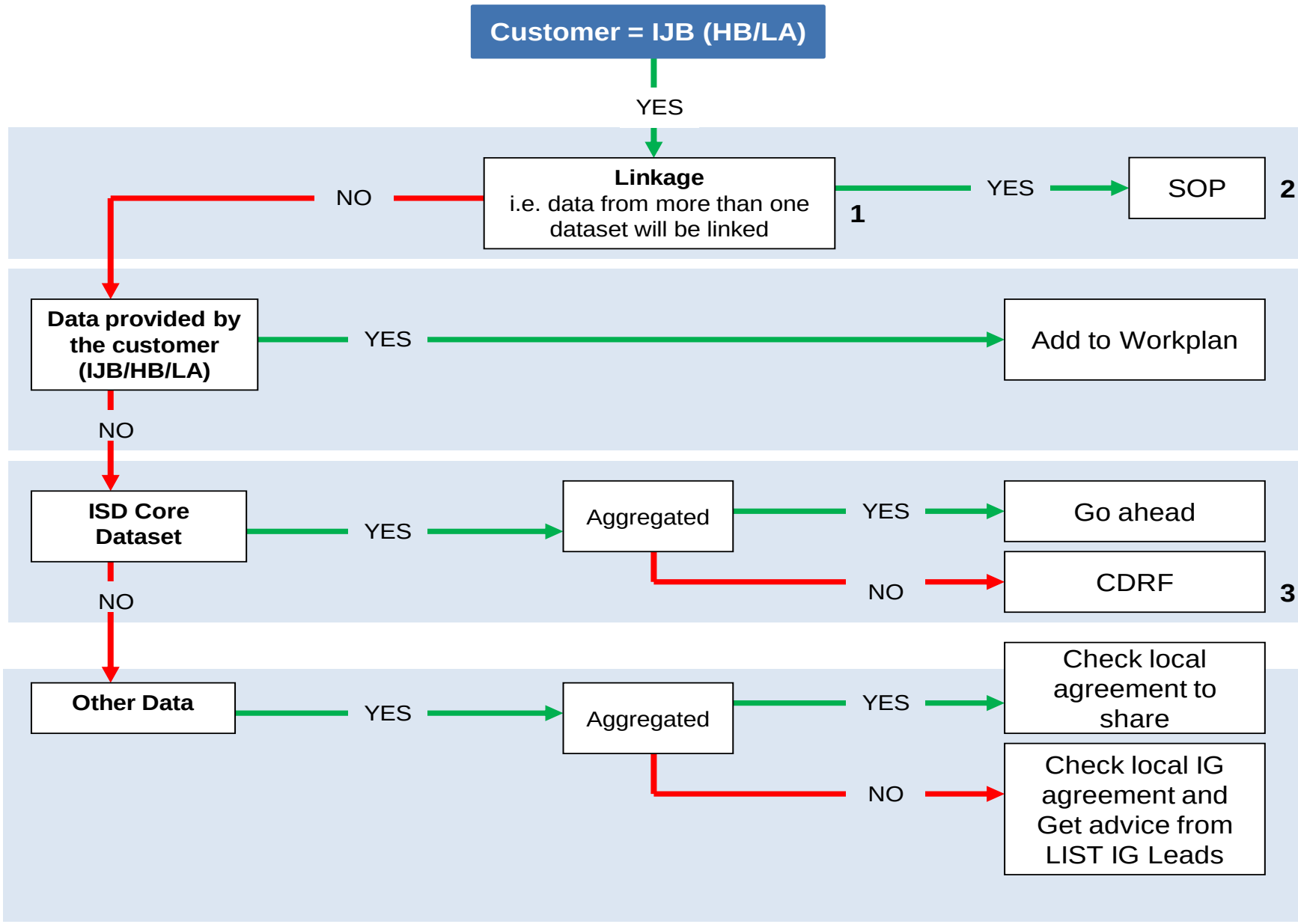
Multi Source Analysis: Data Linkage

NHS National Services Scotland

HL1 & NLan Groups → CHI Number



Information Governance



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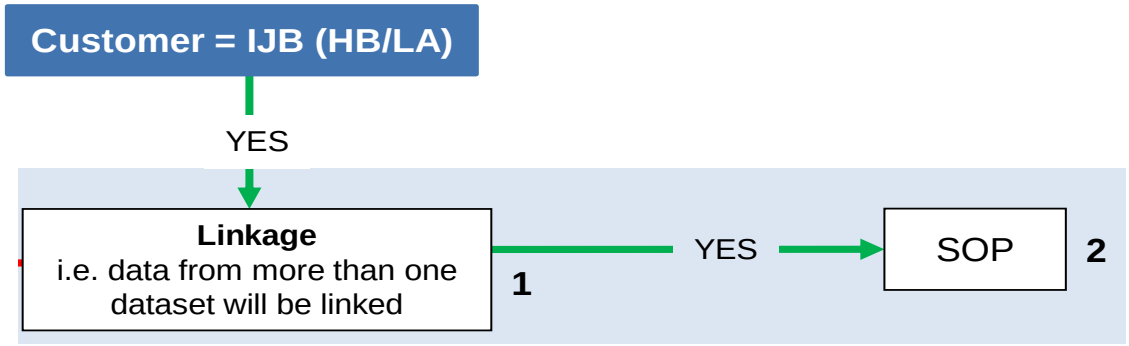


Information Governance Process

1 Aims, Objecvtives & Methods

Meet with key stakeholders, decide parameters of the project and identify what is to be achieved and how

Identify Datasets 2

Identify which sources of data will be needed to meet objectives, what access is required and who the data asset owner is.

3 Identify Data Handlers

Identify who will be required to have access to patient identifiable information and for what purpose. Ensure all involved have undertaken their organisations version of Data protection training.

Develop Safe Storage 4

Ensure data is restricted to specific and secure storage space. Ensure only people identified in part 3 have access to this area.

5 Discuss with Caldicott Guardian

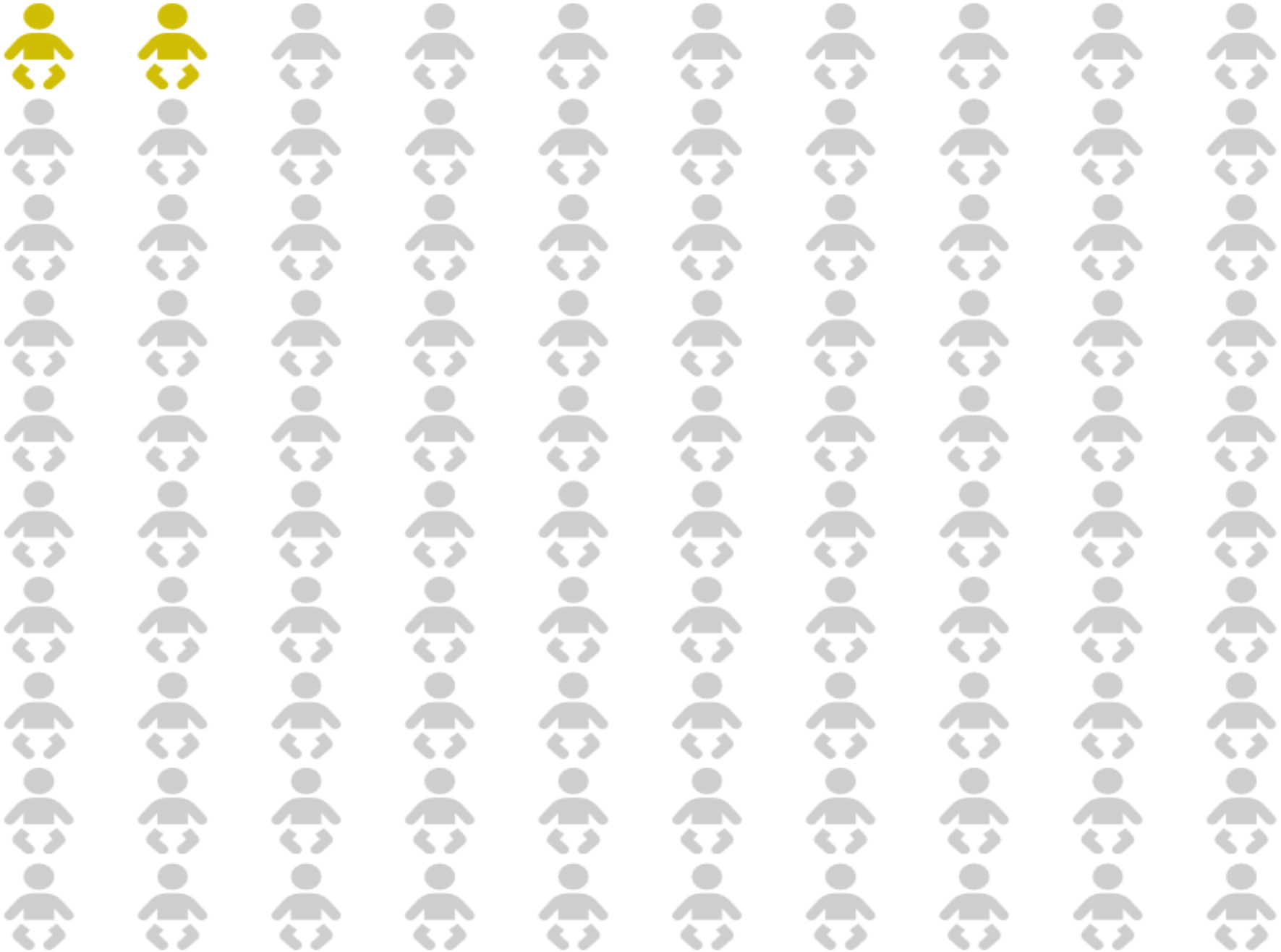
Meet with Caldicott Guardians of organisations that hold the data required to discuss project aims and objectives and Data Protection implications

Complete SOP 6

A Standard Operating Procedure file for LIST provides a template for analysts to document the above in detail and consider how t the privacy of individuals whose data are being accessed will be protected

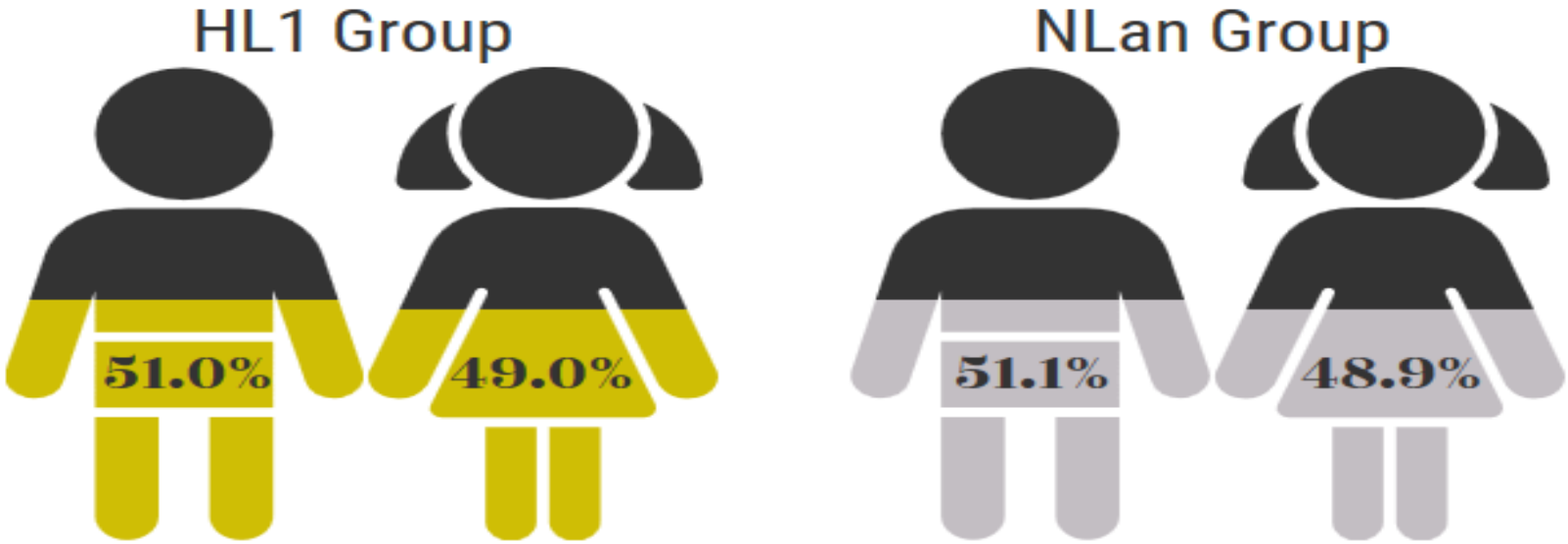
7 Submit for CG Consideration

After all the above stages are complete, the SOP is submitted to the appropriate CGs for approval. The document is either signed off and work can commence, or revisions need to be made at the request of the CG. Data linkage cannot begin until this document is signted

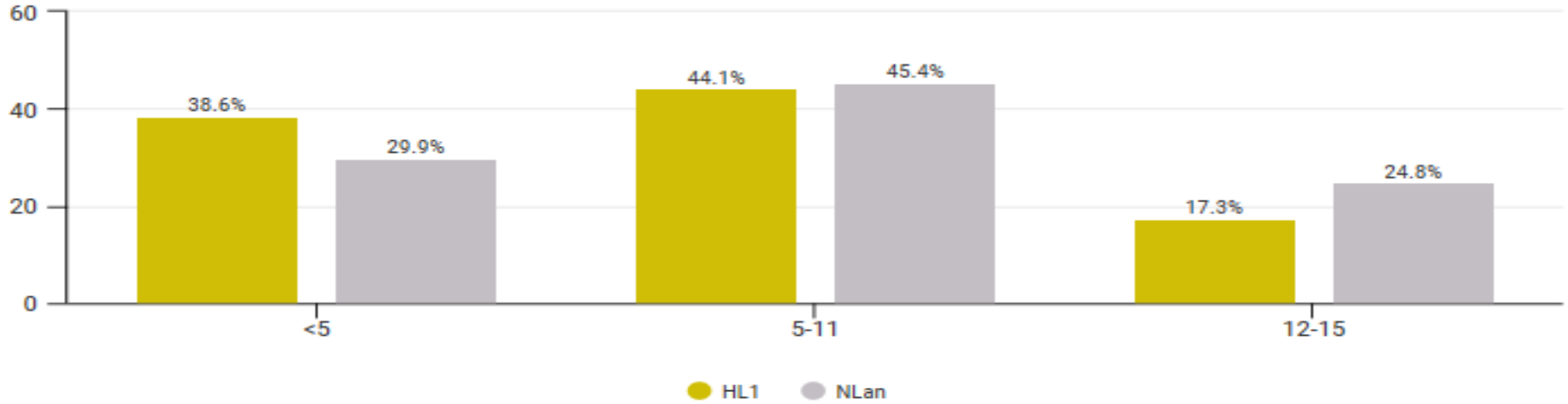


Demographics

Gender



Age–Band Distribution



Child Homelessness Project Key Results

2.5X

Outpatients

HL1 children were 2.5 times more likely than NLan children to not attend a new appointment

11 Asthma Prescriptions Per 20 HL1 Children

Breathing Conditions

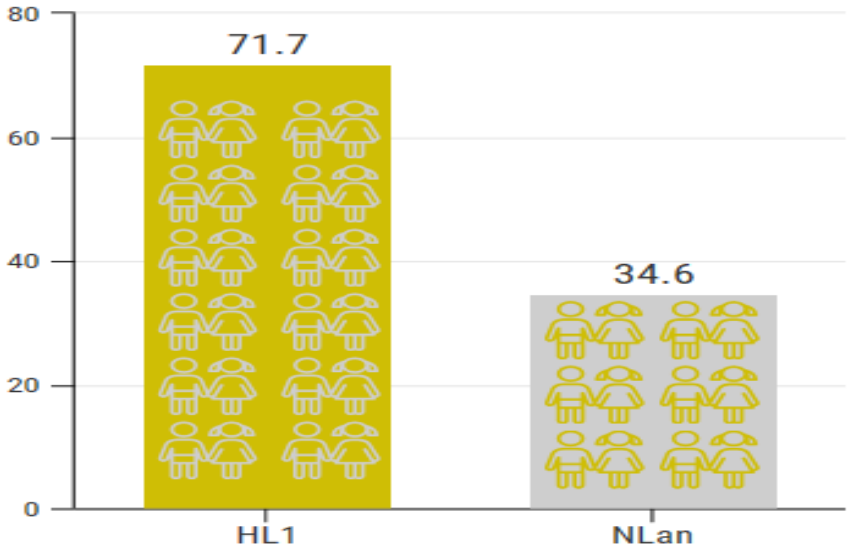
HL1 children were more likely to be flagged for breathing conditions across a number of different data sources

Teenage Booster Vaccine Uptake

45.3% of eligible HL1 children received the teenage booster vaccines, compared with 73.3% of NLan children

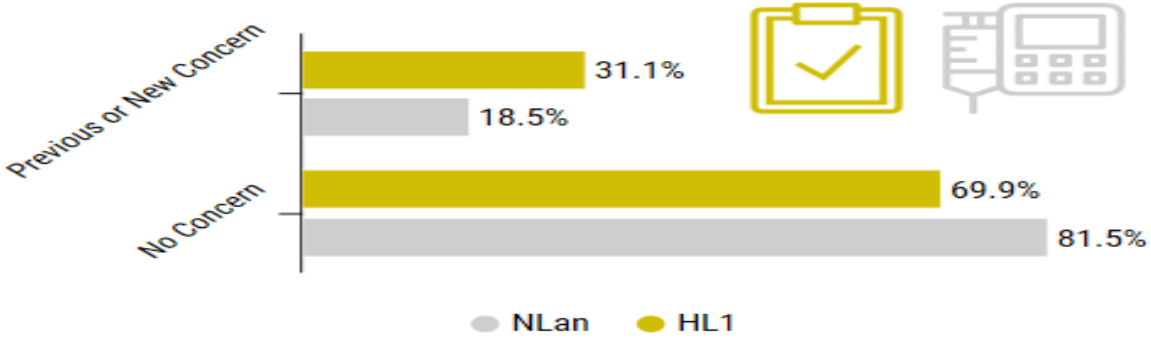
Mental Health

CAMHS Referals per 1,000 Popuaion



Children in the HL1 cohort had twice the rate of referral for the Child and Adolescent Mental Health Service (CAMHS) than the NLan cohort

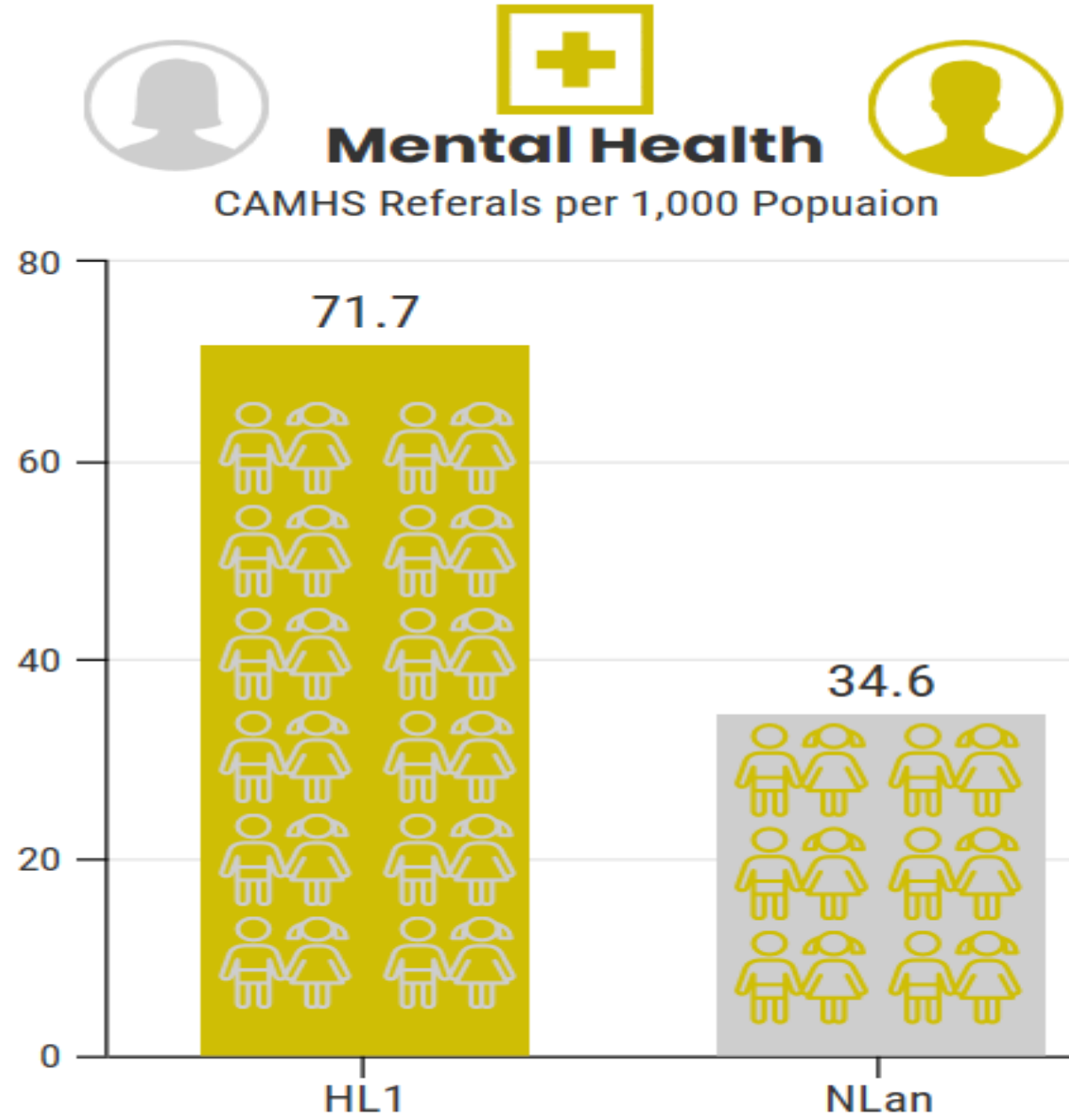
27–30 Month Review



Children in the HL1 cohort showed higher rates of previous or new concerns in the review, particularly in speech, language & communication, as well as Emotional/Behavioural

Source: Information Services Division, NHS National Services Scotland

Mental Health



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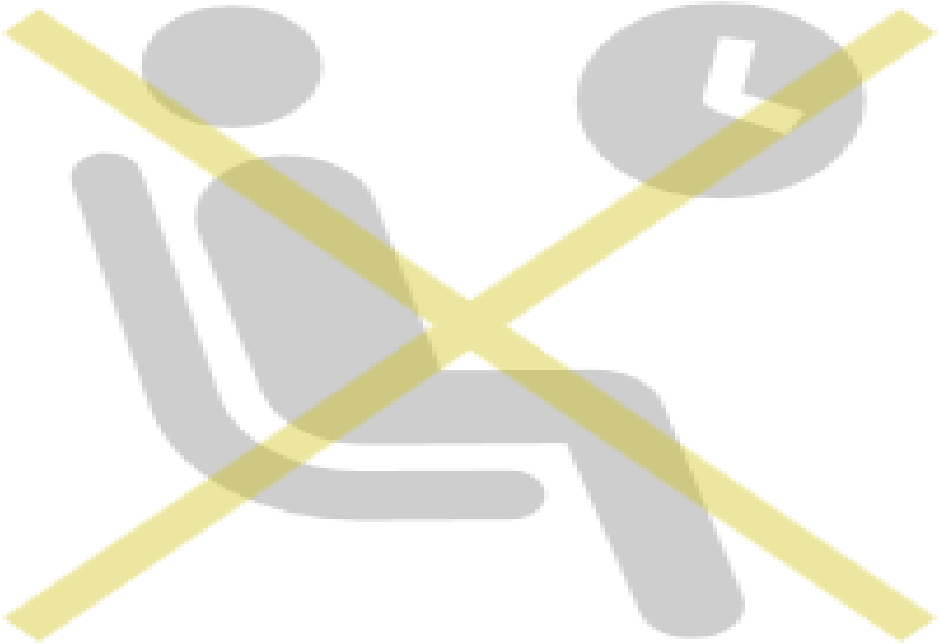

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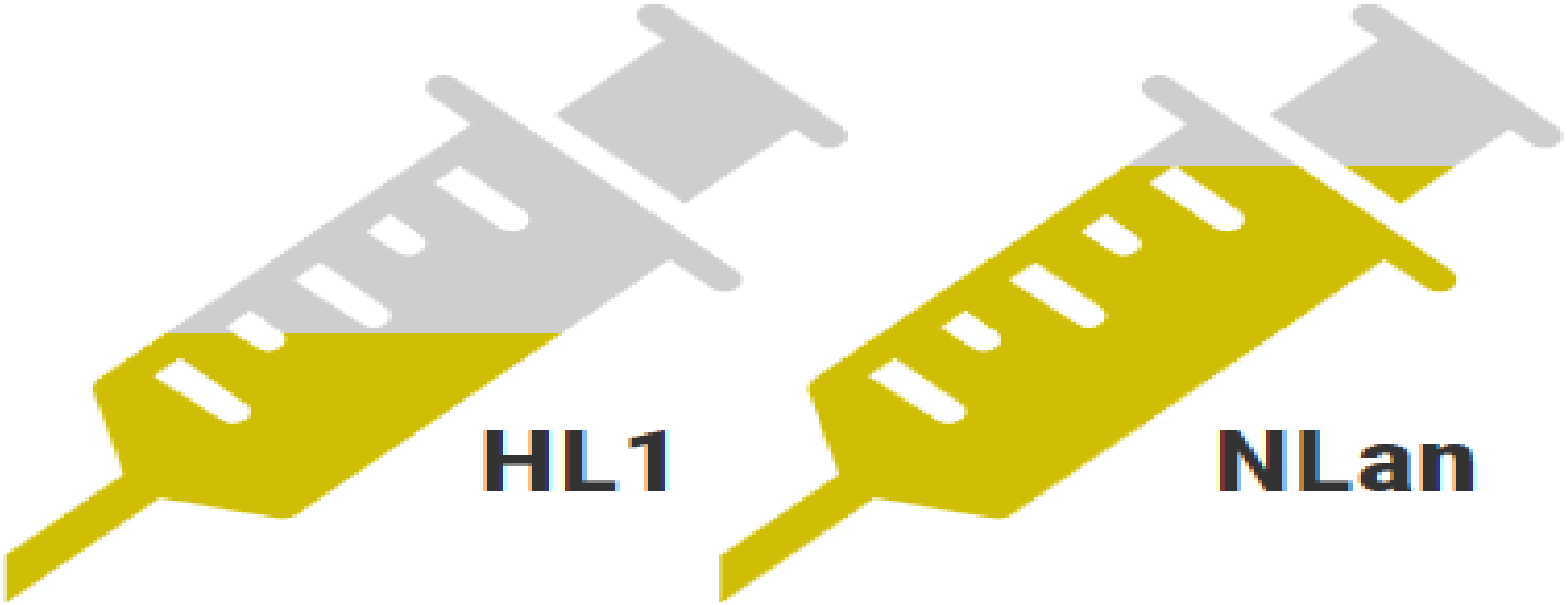
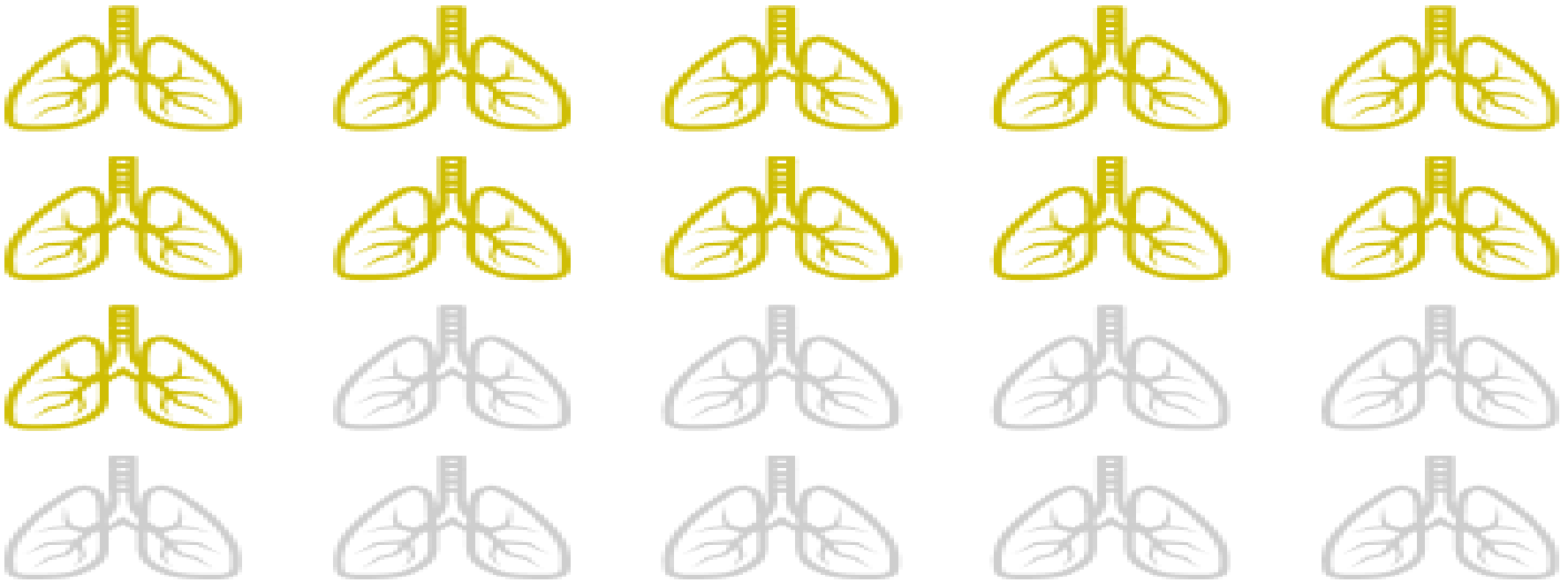
Teenage Booster Vaccine Uptake



45.3% of eligible HL1 children received the teenage booster vaccines, compared with 73.3% of NLan children

11 Asthma Prescriptions

Per 20 HL1 Children



Breathing Conditions

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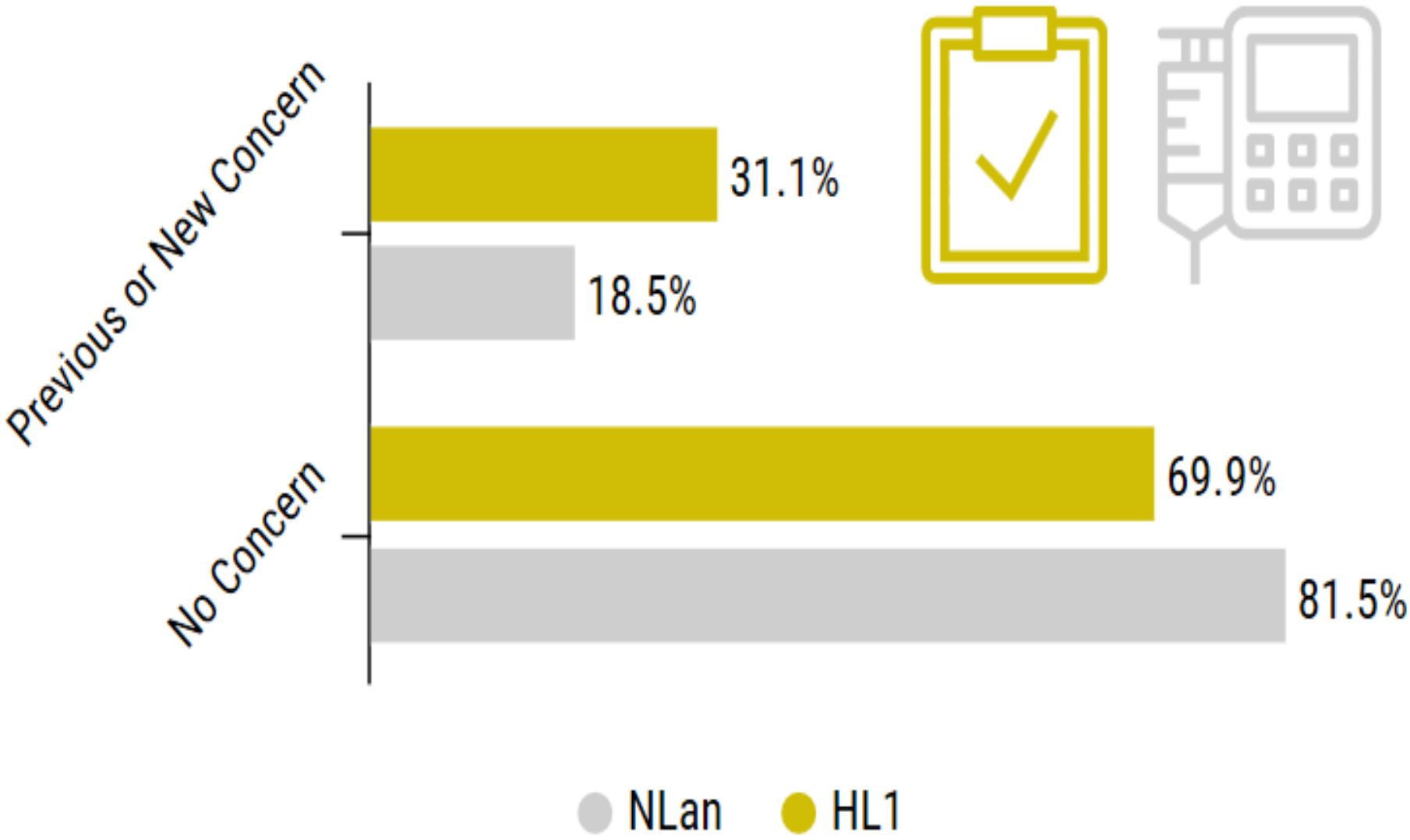
27-30 Month Review



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Key Outcomes

NHS National Services Scotland

• Health needs assessment completed with literature review and qualitative analysis alongside LIST work.

• **11 recommendations made, including:**

  • Recognise child homelessness as an Adverse Childhood Event.

  • Homelessness to be raised in priority to the same level as Child Protection, with the same obligation for multi-disciplinary engagement.

  • Review the support for children experiencing homelessness in a school setting, especially for mental health and wellbeing support.

  • A needs assessment should be undertaken of young people aged over 16 years who become homeless in their own right.

- Explore linkage with non-health data sources (social work, third sector, education etc.)
- Expand geography of study (National)
- Focus on different groups (Young adults, families)
- Develop more streamlined process for analysis.
- Trend analysis and pathways mapping

Questions &Feedback:

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